STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION B; 01	(X3) DATE COM	SURVEY	
		HAL060097	B. WING _		06/2	22/2016
,	PROVIDER OR SUPPLIER HEIGHTS SENIOR LI	VING COMMUNITY 11230 BA		STATE, ZIP CODE TRACE COURT 3277		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	DBE	COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Biennial Miller on June 22 20	Construction Survey by Ed 116.		CONSTRUCTION SE		
-	submitted on 08/16/ Based on this inform facilities to meet the and Disabled - Minir Regulations" and the 2005 Rules for Adult must also meet the Carolina State Build Group I, Institutional	s facility was first licensed or 2014 as a Hone for the Aged. nation we are requiring the 1996 "Homes for the Aged num Standards and applicable portions of the Care Homes, The facility 1996 Edition of the Northing Code; Section 409.1 - Unrestrained Occupancy, oted which require a Plan of		RECEIVE		
-	Correction.  Bathrooms-Hand Gr SECTION ,0300 - PI 10A NCAC 13F .030 ENVIRONMENT (e) The requirement rooms are: (6) Hand grips shall	lps HYSICAL PLANT 5 PHYSICAL is for bathrooms and toilet be installed at all is showers used by or	C 133	C133 - Hand grips were installed on A in C Hall tubs. All other tubs were checked grips were installed if needed. The Maintenance Director and/or Designee monitor the hand grips monthly to assurption to compliance. The findings of the audits will be reported to the Quality Assurption of the Committee monthly.	d and will e hese	9/6/16
Ivision of He	provide commodes, to residents with han affects all residents want providing increase instability/balance, autixtures. Findings on June 22, a. 1st Floor "A" Bat for the tub.	vation, the facility failed to tubs and showers accessible d grips. This deficiency who use theses fixtures by sed safety, controlled against and maneuverability at the	ATURE	TITLE		(XII) DATE
TATE FORM	lale ann	Putnam		Cecutive eferector	9/	5/16 In sheet 1 of 12

Division of Health Service Regulation

Division	of Health Service Re	gulation					
STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	( ) ( )			(X3) DATE SURVEY COMPLETED	
ANDFORN	OF GORRECTION	, inchinistration in the state of	A. BUILDING: 01		, 4,		
		HAL060097	9. WING		06/2	2/2016	
NAME OF	PROVIDER OR SUPPLIER	. STREET AC	DRESS, CITY,	STATE, ZIP-CODE			
LEGACY	HEIGHTS SENIOR LI	VANC COMMUNIT	LLANTYNE TTE, NC 28	TRACE COURT 277	-		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	DBE	COMPLETE DATE	
C 133	Continued From pa	ge 1	C 133				
		ath - there were no hand grip					
C 164	SECTION .0300 - P 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clear (2) have furniture of (3) have furniture of (e) This Rule shall a facilities.  This Rule is not me 1. Based on Obse have walls, ceilings, kept clean and in go Findings on June 22 a. 1st Floor Living stained at the chang b. SCU "D" Hall Ba urine odor that persi Survey. c. SCU "A" Hall Ex	s shall: ngs, and floors or floor n and in good repair; unpleasant odors; lean and in good repair; apply to new and existing t as evidenced by: rvation, the facility failed to and floors or floor coverings and repair. 2, 2016: Room - the celling was		C164 - The celling of the 1st floor living has been painted. All ceilings have been checked for stains. The urine odor in Shall bathroom was corrected with drain All other bathrooms were checked for u odors. The sheet vinyl at the door to the room was repaired. All other sheet vinyl checked to assure there were no deficie found. The Maintenance Director and/or Designee will monitor the ceilings, bathroams and floor vinyl monthly to assure areas remain in compliance. The findin these audits will be reported to the Qual Assurance Committee monthly.	en CU D cleaning. rine e furnace d was ent areas r room these gs of	9/6/16	
C 166	SECTION .0300 - PI 10A NCAC 13F .030 FURNISHINGS (a) Adult care homes (5) be maintained in orderly manner, free hazards;	B HOUSEKEEPING AND		C166 - 1st floor A hall Café grille and da has been cleaned. All other grilles and have been checked for compliance. Va breakers are installed on 2nd floor A hall bathroom specialty tub and SCU B hall room. All other tubs and showers were for appropriate hose length and vacuum breakers. The Maintenance Director an Designee will monitor the hoses and vacuum breakers quarterly and the dampers grill	cuum II shower checked d/or cuurn	9/6/14	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-COMPLETED A. BUILDING: 01 B. WING \_ HAL060097 06/22/2016 NAME OF PROVIDER OR SUPPLIER STREET-ADDRESS, CITY, STATE, ZIP CODE 11230 BALLANTYNE TRACE COURT LEGACY HEIGHTS SENIOR LIVING COMMUNIT CHARLOTTE, NC 28277 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X6) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 166 Continued From page 2 C 166 and vents monthly to assure continued compliance and report the findings of these facilities. audits to the Quality Assurance Committee quarterly. This Rule is not met as evidenced by: Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards Findings on June 22, 2016: a. 1st Fioor "A" Hall Café - the HVAC return grille and its radiation damper had an excessive accumulation of dust/lint. This dust/lint may interfere with a timely response and the complete closing of the damper. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water viggus. Findings on June 22, 2016: a. 2nd Floor "A" Hall Bathroom - the specialty tub had a hose long enough to reach into the gray water, but appear not to have vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. 1st SCU "B" Hall Shower Room - the shower had a hose long enough to reach into the gray water, and had no vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines. C184 - The portable fire extinguisher on 1st floor 9/6/16 C 184 Fire Safety-Evacuation plan C 184 C hall furnace room was replaced. All other SECTION .0300 - PHYSICAL PLANT portable fire extinguishers were checked for 10A NCAC 13F .0309 PLAN FOR compliance. The Maintenance Director and/or EVACUATION Designee will continue to monitor all portable fire (a) A written fire evacuation plan (including a extinguishers monthly to assure continued. diagrammed drawing) which has the written compliance and report the findings to the Quality approval of the local Code Enforcement Official Assurance Committee monthly. shall be prepared in large print and posted in a

Division of Health Service Regulation

Division	Division of Health Service Regulation							
	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED			
		HAL060097	B. WING_	B. WING		22/2016		
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE			7	
LEGACY	HEIGHTS SENIOR LI	VIMICA CALIMINATURAL	ALLANTYNI OTTE, NC 2	E TRACE COURT B277				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	LD BE COMPLETE			
C 184	Continued From pag	ge 3	C 184				٦	
r . <del>,</del> ,	home. The plan sha resident on admission orientation for all ne	ach floor of an adult care it be reviewed with each on and shall be a part of the w staff. pply to new and existing			4	a.		
	properly maintain the associated equipme ability to extinguish a grow larger Findings on June 22 a. 1st Floor "C" Ha	vation, the facility failed to e fire extinguishers and nt. This could hamper staffs a small fire and permit it to , 2016: Il Furnace Room - the sher gauge indicated						
C 189	Building Equipment !	Maintained Safe, Operating	C 189				l	
	mechanical, and plur care home shall be n operating condition. (k) This Rule shall a	OTHER  all fire safety, electrical, mbing equipment in an adult naintained in a safe and  pply to new and existing eption of Paragraph (e)						
	System was not mair operating condition. ? residents, staff and v	ation, the Building Sprinkler Itained in a safe and This could affect all isitors if smoke/fire is not m or compartment of origin.		C189 - #1, -Escutcheon plates were replicated of the control of th	2, 2nd hall SCU nd SCU	9/6/16		

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY O(2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B, WING HAL060097 06/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11230 BALLANTYNE TRACE COURT LEGACY HEIGHTS SENIOR LIVING COMMUNIT CHARLOTTE, NC 28277 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XXI) COMPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUU, PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 4 assure escutcheon plates are in place and fitting a. SCU "C" Exit Corridor- the fire sprinkler appropriately. The Maintenance Director and/or escutcheon plate did not cover the complete hole Designee will monitor all escutcheon plates through the fire-resistance-rated ceiling. monthly to assure continued compliance and b. SCU "C" Bedroom C2- the fire sprinkler report these findings to the Quality Assurance escutcheon plate did not cover the complete hole through the fire-resistance-rated ceiling. Committee monthly. 2nd Floor "D" Hall outside Furnace Room the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction. d. SCU "E" Hall Restroom - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction. SCU "E" Hall Den Storage Room - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction. SCU Bedroom F5 - the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction. g. SCU Dining on the "D" "E" & "F" side.- the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction. SCU Therapy- the fire sprinkler escutcheon plate was missing, exposing openings through the fire-resistance-rated construction. 9/6/16 Based on observations, the fire safety was C189 #2 - The PVC vent on 1st floor A hall not maintained in a safe and operating condition. furnace room was sealed with firestop. The This could expose residents, staff and visitors to SCU C hall furnace room PVC vents were smoke/fire if not contained in Room or sealed with firestop. All other furnace rooms compartment of origin and storage areas were checked for Findings on June 22, 2016: compliance. The Maintenance Director and/or a. 1st Floor "A" Hall Furnace Room - there was Designee will monitor the presence/absence of a large PVC vent not firestop as it penetrate the firestop monthly and after any future work done fire-resistance-rated ceiling assembly, allowing that could possibly penetrate the ceilings and the spread of fire and smoke.

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Division of Health Service Regulation						2		
	STATEME AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION S: 01		E SURVEY PLETED	_
L			HAL060097	B. WING	B. WING			
Į.	NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		22/2016	
	LEGACY	HEIGHTS SENIOR LI		LLANTYNE TTE, NC 28	TRACE COURT			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROMDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(XII) COMPLETE DATE	
Γ	C 189	Continued From pag	ye 5	C 189				
		large PVC vent not fi fire-resistance-rated the spread of fire an c. SCU "C" Hall Fu large PVC vent not f	rnace Room - there were two frestop as they penetrate the ceiling assembly, allowing		allow smoke and fire to spread. The fin from these audits will be reported to the Assurance Committee quarterly.	Quality		
	-	were not maintained condition. Findings on June 22, a. 1st Floor "A" Hai Cafe - the smoke se	Smoke Barrier Wall near als between the two leafs on or had deteriorated, which		C189 #3 – The smoke seals on the cros- corridor doors at 1st floor A half near the have been replaced. All other cross-con- doors have been checked for compliance Maintenance Director and/or Designee vi- all cross-comider doors monthly to assur- continued compliance. The findings of the audits will be reported to the Quality Assi Committee monthly.	Café ndor e. The will check re hese	9/6/14	
		was not maintained in condition. This would visitors by not providing activating the fire alan Findings on June 22, a. 1st Floor "A" Hall the sample tubes for	2016:   Sales Office Furnace Closet   The HVAC duct mounted   e dirty, and my not detect	-	C189 #4 - The sample tubes for the HVA mounted smoke detectors on 1st floor has sales office closet have been cleaned. A HVAC duct mounted smoke detectors has checked for compliance. The Maintenan Director and/or Designee will monitor all duct mounted smoke detectors monthly foontinued compliance and report the find the Quality Assurance Committee quarte	all in the other two been toe HVAC for lings to	9/4/16	
		construction was not and operating conditi- residents, staff and vi- contained in Room of Findings on June 22, a. 1st Floor "A" Hall fire-resistance-rated of closure arm, not allow	2016:	c c	C189 #5 — The fire-resistance-rated corridoor closure arm has been replaced for 1 A hall soiled linen and SCU D hall housel closet to allow the door to self-close. The penetrations of the fire-resistance rated we construction have been firestopped on the floor solled linen areas on A, B and C hall Firestop has also been installed on the 1stre alarm room, 2nd floor E hall soiled line com and SCU D hall housekeeping. The penetrations on SCU E hall near the deprendent of the senetrations on SCU E hall near the deprendent of the senetrations on SCU E hall near the deprendent in the senetrations on SCU E hall near the deprendent in the senetrations of the senetra	st floor keeping vall e 1st lls. st floor en	9/6/16	

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		TEMENT OF DEFICIENCIES  OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY	
ļ			HAL060097	B. WING		06/2	2/2016	
ļ	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			7
l	LEGACY	HEIGHTS SENIOR LI	VINES COMMOUNT		TRACE COURT			1
ŀ			CHARLO	TTE, NC 28				
	(X4) ID PREFIX YAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	COMPLETE DATE	
	C 189	Continued From pag	ge 6	C 189				1
ĺ		b. 1st Floor "A" Ha			2nd floor therapy room have been corre	ected,		ı
	ı		wall construction was		The 1st floor fire alarm room and the 1st			ı
			plastic tubes, one in a PVC		service hall housekeeping areas are no			ı
	·		not firestopped. These		firestopped. The SCU Elec/Fire alarm		,	ı
			he passage of fire and		and the SCU sprinkler riser room penet			ı
		smoke. c. 1st Floor "B" Hal	Il Soiled Linen - the		have now been firestopped. All other a			I
	- 1		wall construction was		have been checked to assure complian Maintenance Director and/or Designee			I
	ı		plastic tubes, one in a PVC		monitor the presence/absence of firesto	- 1		I
		sleeve, but both are	not firestopped. These		door closures monthly and after any fut			l
	1		he passage of fire and		done that could possibly penetrate the			ı
	.	smoke, d. 1st Floor "C" Hai	Il Cailed Lineau the		and allow smoke and fire to spread. Th			l
	ł		wall construction was		findings from these audits will be report	ed to the		l
			plastic tubes, one in a PVC		Quality Assurance Committee quarterly			ŀ
	1	sleeve, but both are	not firestopped. These			1		١
			ne passage of fire and					l
		smoke.						ŀ
			Hall Housekeeping - there ealed with orange foam. This					l
			pproved for penetrations					ı
			ce-rated construction.	- 1		i	'	ı
			arm Room - there were 4	- 1				ı
			ith orange foam. This orange	- 1		.		l
			for penetrations through	-				
		fire-resistance-rated g. 1st Floor Fire Ala	construction. irm Room - there was an					
		open ended metal sle				i		
			ceiling construction not			-	1	
			his opening will allow the					
		passage of fire and s						
			py - the fire-resistance-rated ras penetrated by a hole that			- 1	- 1	
			ler the exit sign base. These			]		
			e passage of fire and					
	] :	smoke.	,				1	
	- 1	SCU "E" Hall nea						
			celling construction was				- 1	
			that extends out from under			- 1		
	- 1	ine exit sing base. In	ese openings will allow the	1		- 1		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: 01 B. WING. HAL060097 06/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11230 BALLANTYNE TRACE COURT LEGACY HEIGHTS SENIOR LIVING COMMUNIT CHARLOTTE, NC 28277 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX JEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 7 passage of fire and smoke 2nd Floor "E" Hall Soiled Linen - the fire-resistance-rated wall construction was penetrated with two plastic tubes, one in a PVC sleeve, but both are not firestopped. These openings will allow the passage of fire and smoke, k. SCU "D" Hall Housekeeping - the fire-resistance-rated corridor door was missing its closure, not allowing the door to self-close and latch. An open door will allow the passage of fire and smoke SCU Elec/Fire Alarm Room - the fire-resistance-rated ceiling construction was penetrated with one % inch EMT open ended conduit, and one 1 inch hole with cable, both are not firestopped. These openings will allow the passage of fire and smoke, m. SCU Sprinkler Riser Room - the fire-resistance-rated ceiling construction was penetrated with two copper pipes with gap around them, both are not firestopped. These openings will allow the passage of fire and smoke. C189 #6 - The Exit signs on 1st floor service half Based on observation, the building's to B hall and in the SCU D hall near D1 were emergency equipment was not maintained in a adjusted so the chevron points in the appropriate safe and in operating condition. This would affect residents, staff and visitors if they could not direction. Backup power is in place for the exit promptly find their way to an exit during an signs at 1st floor C hall stair tower entrance. 1st emergency. floor A hall stair tower entrance and 2nd floor at Findings on June 22, 2016: elevator. In the SCU the exit signs have back up 1st Floor "A" Hall Stair Tower Entrance - the power at ABC dining side, B hall exit corridor, B exit sign did not work on backup power when hall near bedroom B1, A hall near Bedroom A1, tested. A hall near bedroom A4 and A hall near bedroom b. 1st Floor "C" Hall Stair Tower Entrance - the The wall mounted self-contained emergency exit sign did not work on backup power when light has back up power. All exit signs have been checked to assure they are pointing in the right c. 1st Floor Service Hall to "B" Hall - the exit sign had a chevron graphic directing you to the direction. All exit signs have been checked to right, but you must exit straight. assure they have back-up power

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		HAL060097	B. WING		06/22/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
EGAC	Y HEIGHTS SENIOR LI	44000 DA		TRACE COURT		
LEGAC	T REIGHTS SENIOR LI	VING COMMUNIT CHARLOT	TTE, NC 28	277		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED CONTRACTORY)	D BE .	COMPLETE DATE
C 189	d. 2nd Floor Servir did not work on back e. 2nd Floor near I wall-mounted self-conot work on backup f. SCU Dining on t exit sign did not work en backup h. SCU "B" Hall nedid not work on backup i. SCU "A" Hall nedid not work on back i. SCU "A" Hall nedid not work on back k. SCU "A" Hall nedid not work on back k. SCU "A" Hall nedid not work on back k. SCU "A" Hall nedid not work on back k. SCU "A" Hall nedid not work on back k. SCU "B" Hall nedid not work on back l. SCU "D" Hall nedid	ng at Elevator - the exit sign kup power when tested. Bedroom E8 - the contained emergency light did power when tested. The "A" "B" & "C" side - the k on backup power when	C 189	and all wall mounted self-contained em- lights have been checked to assure the back-up power. The Maintenance Direct or Designee will monitor all exit signs as mounted emergency lights monthly for continued compilance. The results of the audits will be reported to the Quality Ass Committee monthly.	y have ctor and/ nd wall	
	not maintained in a s Findings on June 22, a. 1st Floor "B" Ser closes but did not late allows the passage o b. 1st Floor "B" Hall door closes but did not allows the passage o c. 1st Floor "C" Hall door closes but did not allows the passage o d. 1st Floor "C" Hall applying extra force, if frame, preventing it fr which allows the pass e. 1st Floor Kitchen	vice Room- the corridor door ch into its frames, which if smoke.  I Bedroom B10 - the corridor ot latch into its frames, which if smoke.  I Bedroom C2 - the corridor ot latch into its frames, which if smoke.  I Shower Room- without the corridor door hits its rom closing thus latching.		C189 #7 — 1st floor B service room, 1st finall bedroom B10, 1st floor C hall bedroom bave been adjusted to latch. 1st floor C shower room has been repaired so it does the frame. 1st floor kitchen door in the shall has been adjusted so it doesn't hit the frame. SCU E hall bedroom E8 has been adjusted to latch and close. All doors had checked to assure appropriate closure at latching. The Maintenance Director and/Designee will monitor all doors monthly the sasure continued compliance and report findings to the Quality Assurance Commissivery month.	om C2 hall esn't hit ervice he n ve been nd or o these	9/6/16

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STATEME AND PLA	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION	(X3) DAT	E SURVEY	_
	TO TOTAL CONTROL	IDEATIFICATION NOMBER	A. BUILDIN	ig: 01 .	CON	PLETED	
			B. WING_		1		
		HAL060097	a. WING		06	/22/2016	
NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE			
LEGAC	Y HEIGHTS SENIOR LI	VIPES CACHERING LIPET		TRACE COURT			
			TTE, NC 2	8277			
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TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE	
		-,	<b> </b>	DEFICIENCY)			
C 189	Continued From page	ge 9	C 189				
	the threshold, preve	nting it from closing thus	1				
	latching, which allow	vs the passage of smoke.					
	evtra force the corr	droom E8 - without applying dor door hits its frame,		1			
	preventing it from cl	osing thus latching, which					
	allows the passage	of smoke.	!		-		1
	B Based on the co			C189 #8 - Items in 1st floor B hall glass		9/6/16	
	was not being maint	vation, the electrical system		have been stored appropriately. All other	er areas	,,-,	1
	Findings on June 22			with electrical panels have been checked			1
	a. 1st Floor "B" Hai	i Glass Room - many items		compliance. The Maintenance Director: Designee will monitor all electrical panel			1
	are being stored dire	ctly in front of the electric		monthly to assure continued compliance			١
1	components in any e	lck access to the internal		report the findings to the Quality Assurar			ı
	components in any e	inergency.	1	Committee every month.			ı
	9. Based on Obser	vation, the Building was not		C189 #9 - The wedges at 1st floor kitche			I
		condition. This could affect		on the service hall and 2nd floor E hall se		1	ł
	smoke and fire in the	isitors by not containing		area have been removed. The weight ho			١
	Findings on June 22,	2016:		bedroom F7 door open has been remove other doors have been checked to assure			ı
		Door on Service Hall - the		release. The Maintenance Director and/			ı
	corridor door had a w	redge holding the door open,		Designee will monitor all doors weekly to			١
	preventing the rapid i	release of the door with a or, to close and latch.		continued compliance and the findings of			ı
	b. 2nd Floor "E" Hal	Serving - the corridor door		audits will be reported to the Quality Assu	urance		١
	had a wedge holding	the door open, preventing		Committee every month.			ļ
	the rapid release of the	ne door with a push or pull of		-			١
	the door, to close and	om F7 - the corridor door					l
- 1	had a weight holding	the door open, preventing					ı
	the rapid release of the	ne door with a push or pull of			- 1		۱
	the door, to close and	latch	ļ				
	10. Based on observe	ation, the Building was not	. [	C189 #10 - The commercial kitchen hood	fire	9/6/14	
		and operating condition. This		extinguishing systems in the 1st floor kitch		1/5/14	I
- 1	could affect residents	, staff and visitors if the		and the SCU kitchen have been checked			
		ood's suppression system		the record keeping is current. All extingui	shers		
	fails to operate proper Findings on June 22,	rly when needed.		have been checked for compliance. The			
		-Since the semi-annual		Maintenance Director and/or Designee wi continue to monitor these systems and	"		
			- 10	ANTIURIUM TO MODITOR TRASE SYSTEMS AND			4

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL060097 B. WING 06/22/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 11230 BALLANTYNE TRACE COURT LEGACY HEIGHTS SENIOR LIVING COMMUNIT CHARLOTTE, NC 28277 SUMMARY STATEMENT OF DEFICIENCIES (XA) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 189 Continued From page 10 C 189 maintenance of the commercial kitchen hood's extinguishers monthly to assure continued fire extinguishing system in March 2016, there compilance and report their findings to the has been no record keeping of the monthly Quality Assurance Committee every month. inspections. SCU Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2016, there has been no record keeping of the monthly Inspections C 191 Univented & Portable Elec. Heaters Prohibited C 191 C191 - The space heater in room C7 has been removed. All rooms were checked to assure SECTION .0300 - PHYSICAL PLANT there were no other space heaters present. The 10A NCAC 13F .0311 OTHER Maintenance Director and/or Designee will REQUIREMENTS monitor all resident rooms monthly for continued (b) There shall be a heating system sufficient to compliance and report their findings to the maintain 75 degrees F (24 degrees C) under Quality Assurance Committee every month, winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities, This Rule is not met as evidenced by: Based on Observation, the facility failed to prevent the use of unvented fuel burning room heater(s) portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on June 22, 2016: 1st Floor "C" Hall Bedroom C7 - a prohibited portable space electric heater was found in this room.

PRINTED: 08/02/2016 FORM APPROVED

Division	of Health Service Re	egulation		,	FORM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	LE CONSTRUCTION	(X3) DATE	SURVEY
		HAL060097	B. WING		06/2	22/2016
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY,	STATE, ZIP CODE		- ALANO TO
LEGACY	/ HEIGHTS SENIOR LI	VING COMMUNIT 11230 B		TRACE COURT		
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	DBE	(X6) COMPLETE DATE
C 199	Continued From page	ge 11	C 199			
C 199	Exhaust Ventilation		C 199	C199 - Ventilation systems are installed		9/6/16
- '	SECTION .0300 - P 10A NCAC 13F .031 REQUIREMENTS (g) The spaces liste provided with exhau two cubic feet per m requirement does no before April 1, 1984, these specified space (1) soiled linen stora (2) soil utility room; (3) bathrooms and to (4) housekeeping of (5) laundry area.	d in this Paragraph shall be st ventilation at the rate of inute per square foot. This of apply to facilities licensed with natural ventilation in ses; age; oilet rooms;	C 199	2nd floor housekeeping area and the Si Hazard Room. All other areas were che compliance. The Maintenance Director Designee will continue to monitor for an in the future that would require ventilation	CU Bio ecked for and/or y areas	9/6/16
	facilities with the exc which shall not apply	eption of Paragraph (e) to existing facilities.				
	provide ventilation in generated or required Findings on June 22, a. 2nd Floor Hous exhaust ventilation sy present. b. SCU Bio Hazard	vation, the facility falled to areas where odors are d.				

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